PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/676,850			ing Date 30/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
Ь	BASIC FEE	_	N/A		N/A		N/A	FEE (a)		N/A	FEE (3)
_	(37 CFR 1.16(a), (b),	or (c))			1477		1407			TUA	
닏	SEARCH FEE (37 CFR 1.16(k), (i), o		N/A		N/A		N/A			N/A	
Ш	(37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A	
	FAL CLAIMS CFR 1.16(i))		minus 20 = *		•		x \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *				x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$2: additi	ts of pape 50 (\$125 ional 50 s	gs exceed 100 on size fee due for each on thereof. See CFR 1.16(s).							
	MULTIPLE DEPEN	7 CFR 1.16(j))									
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								l '	TOTAL	
APPLICATION AS AMENDED - PART II OTHER THAI (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENT											
AMENDMENT	03/31/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 28	Minus	<del></del> 28	=		x \$ =		OR	x s =	
z	Independent (37 CFR 1,16(h))	• 8	Minus	***8	=	1	x \$ =		OR	x s =	
√ME	Application Size Fee (37 CFR 1.16(a))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
-							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z	Total (37 CFR 1,16())		Minus			l	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***	:		x \$ =		OR	x \$ =	
Ш	Application Size Fee (37 CFR 1.16(s))								ı		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR		
Г									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid Fo" in THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid Fo" in THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid Fo" (Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an application. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS